

Name
in
Full

CERTIFICATE OF DEATH

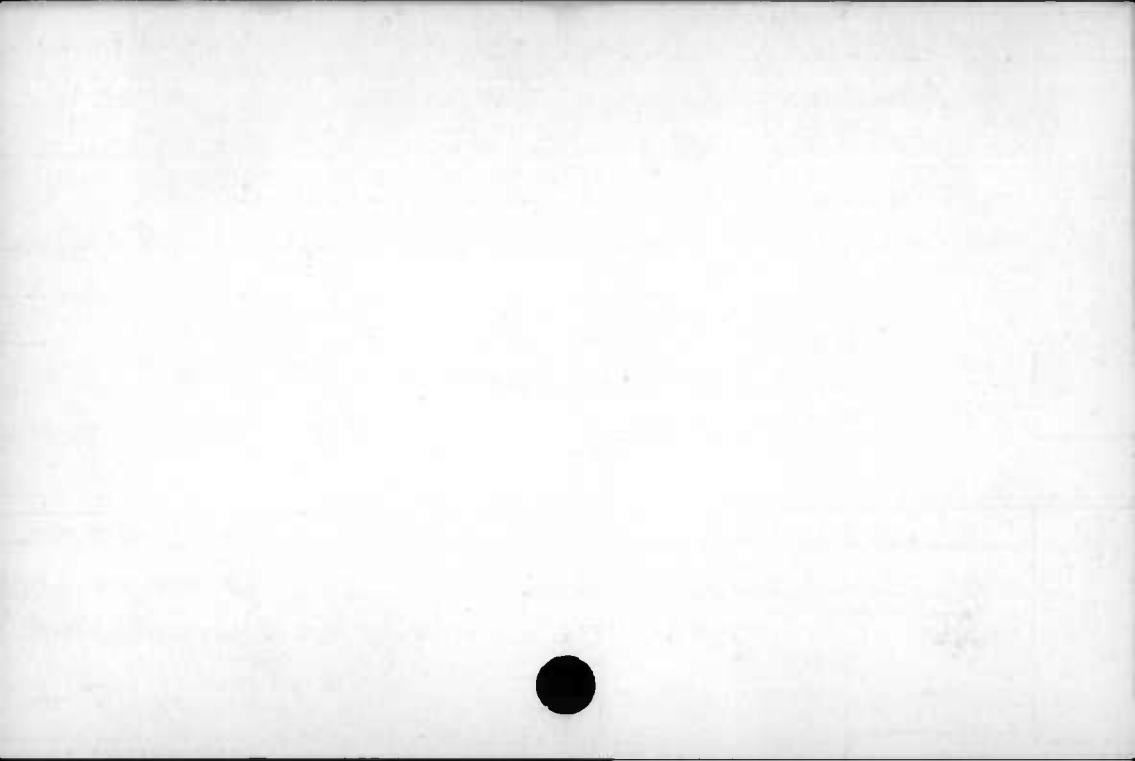
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River Side</i> <small>Town</small>		<i>Banister</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>1</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Taylor Banister</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Henson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None</i>
		Address <i>James M. Wheeler</i> <i>Sub Registrar</i>
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

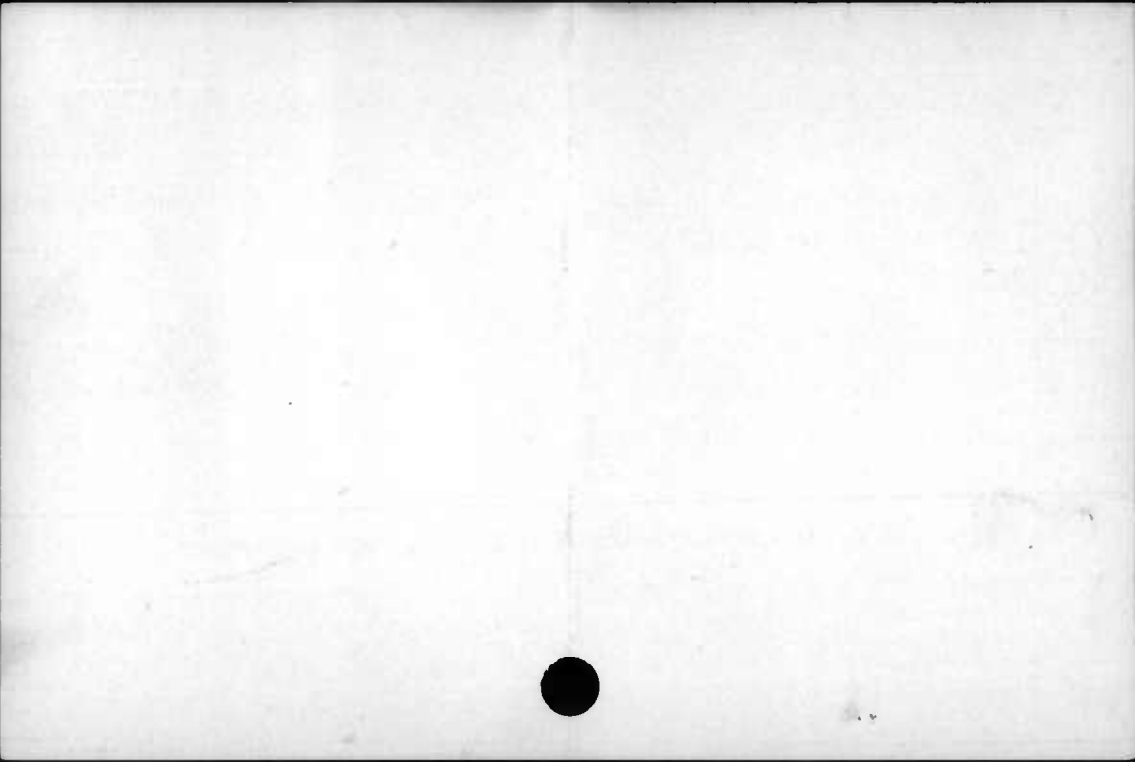
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Naufragioy 3rd St,</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>2</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>None, Except assisted in house work</i>	Where Residing if not at place of death <i>Lived with married daughter in family</i>						
Married, Single or Widowed	Name of Wife or Husband <i>J. J. Brauer (deceased)</i>						
Father's Name <i>Alexander Kaulip</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Lucretia Thompson</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>E. R. Spear</i>	How related to deceased <i>Son in law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis with complications</i>	How long <i>1 year or more</i>
Immediate <i>Uremia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Saul H. Spear</i>
	Address <i>Grayton Md.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

Lammie Brooks

CERTIFICATE OF DEATH

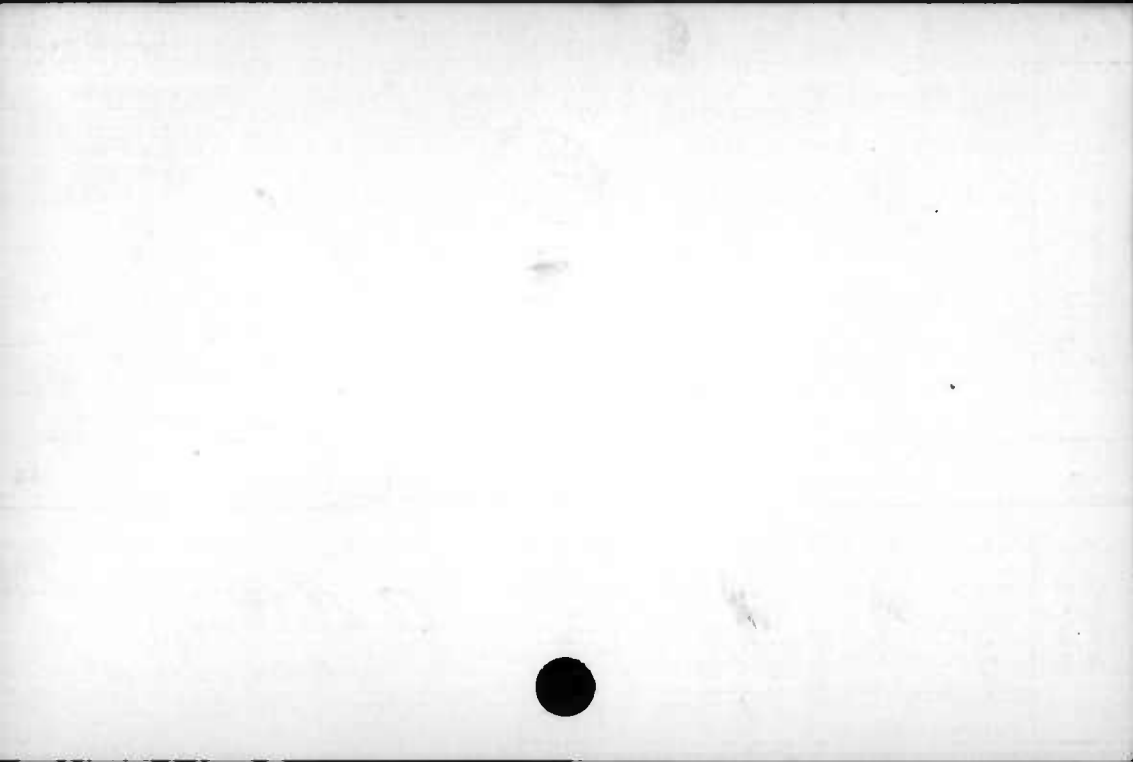
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River Side</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>6</i>	Age <i>25</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Mo</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Mike West</i>			Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Clarris West</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub Registrar</i>
Accident or Suicide?	



Name
in
Full

Child not named Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

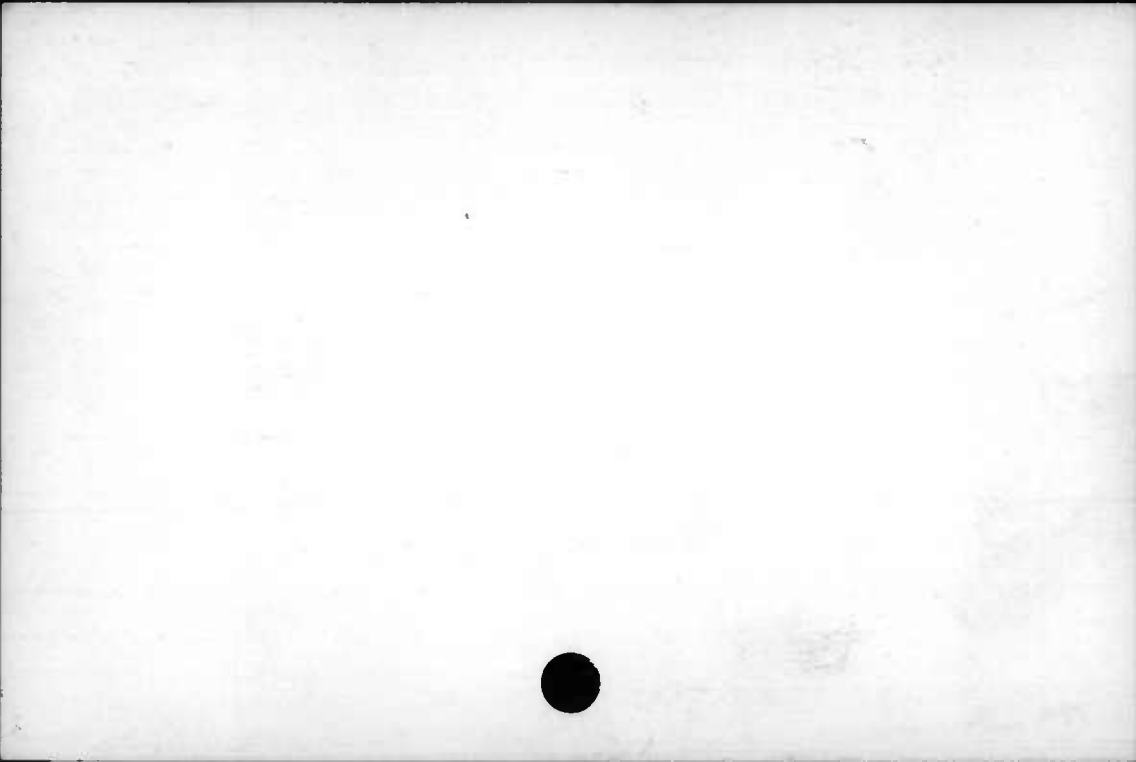
Died at *Freeport* ^{Town}*Charles* ^{County}Date of death *1907* ^{Month} *May* ^{Day} *4*Age *—* ^{Years}Months *—*Days *5*Sex *Male*Color or Race *Black*Birth-place *Char Co Md*Occupation *none*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Augustus Carter*Father's Birthplace *Char Co Md*Mother's Maiden Name *Emma Carter*Mother's Birthplace *Char Co Md*Name of person giving information *Augustus Carter*How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary *Child very weak at birth*How long *—*Immediate *from delayed delivery*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes with exception of name*Signature of Physician *C. L. Cecil**not given*Address *W. Conner Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Frances Chopman

Town

County

Died at *Beaulieu*

DeCharles

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1907*

May

29

Age

40

Sex

Female

Color or
Race

Caucasian

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Married

Name of Wife or
Husband

William Chopman

Father's
Name

Jim Miller

Father's
Birthplace

Ind

Mother's
Maiden Name

Leroy Miller

Mother's
Birthplace

Ind

Name of person giving
Information

Mrs Miller

How related
to deceased

Son

CAUSES OF DEATH

Primary

Organic Heart-Disease

How long

2 years

Immediate

Life

How long

Shock when

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. O. Thomas

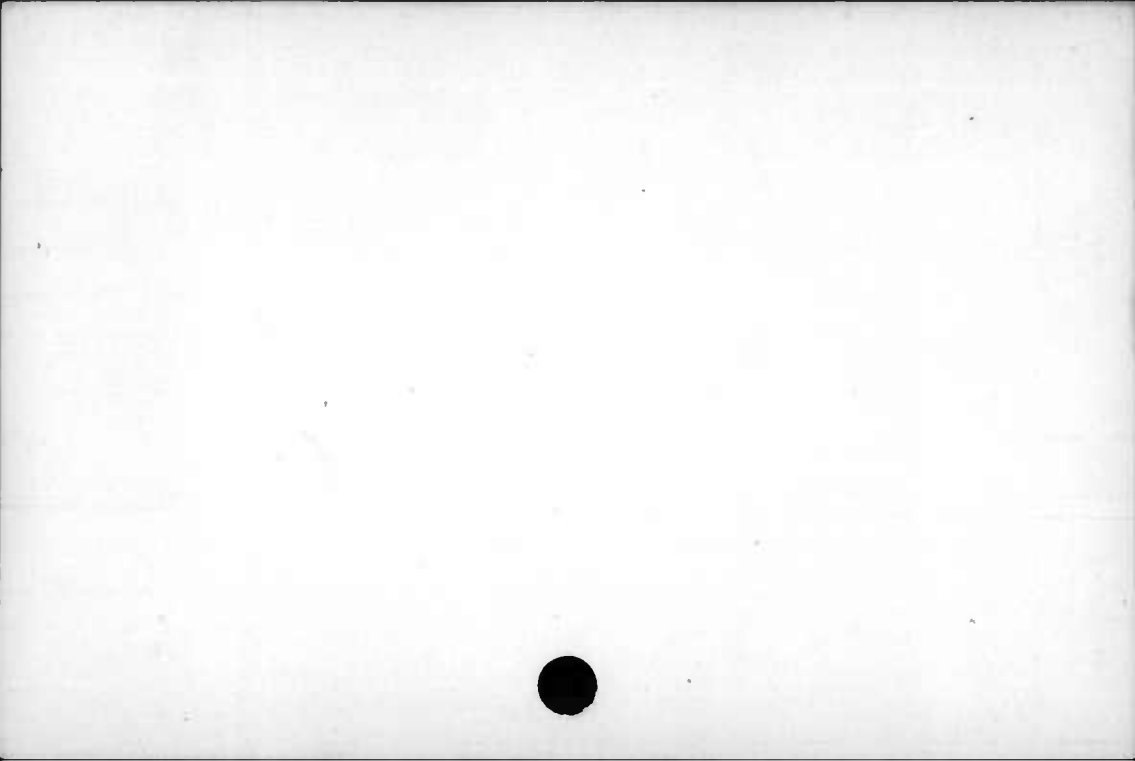
Address

*Waldorf
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full.

Hatten Wofor

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Perry

Charles

Date

1907

Month

May

Day

19

Age

Years

37

Months

Days

Sex

Male

Color or
Race

Caucasian

Birth-
place

Maryland

Occupation

Pine wood Cutter

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Matilda Pentney

Father's
Name

Robt. Wofor

Father's
Birthplace

Maryland

Mother's
Maiden Name

Eliza Wofor

Mother's
Birthplace

Rich

Name of person giving
Information

Charles Marshall

How related
to deceased

Son

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

12 months

Immediate

Exhaustion

How long

Short while

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. O. Snodgrass

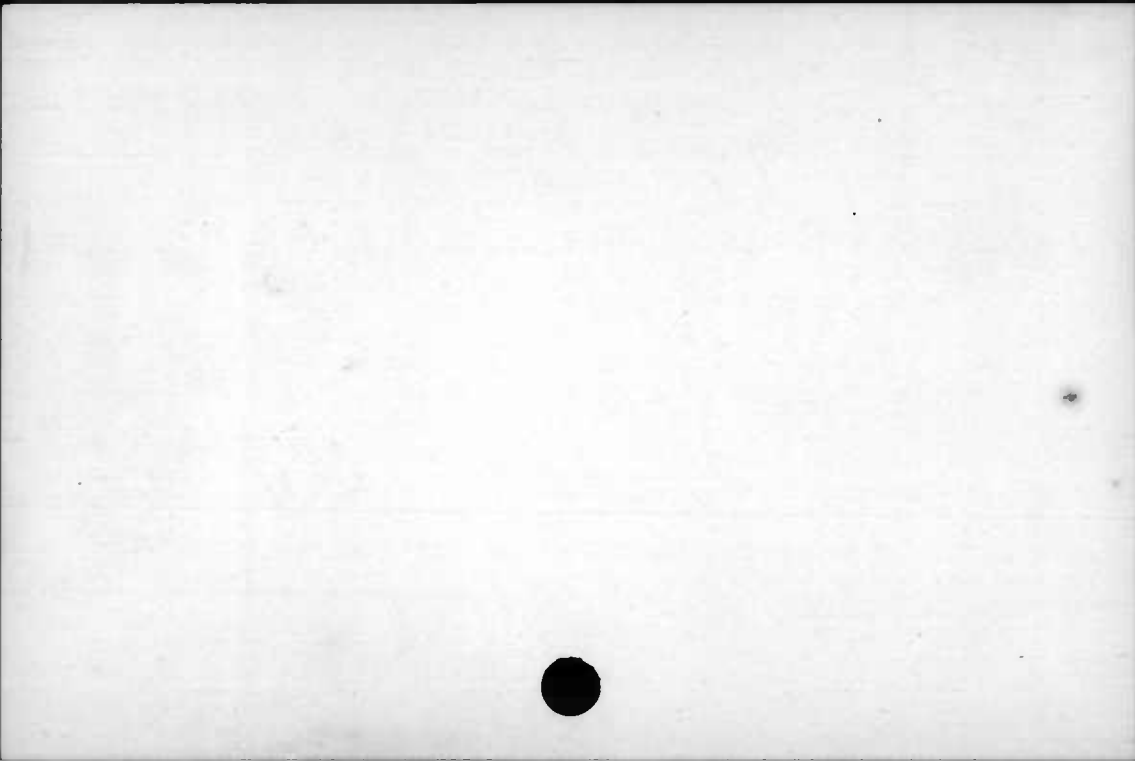
Address

Waldorf

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

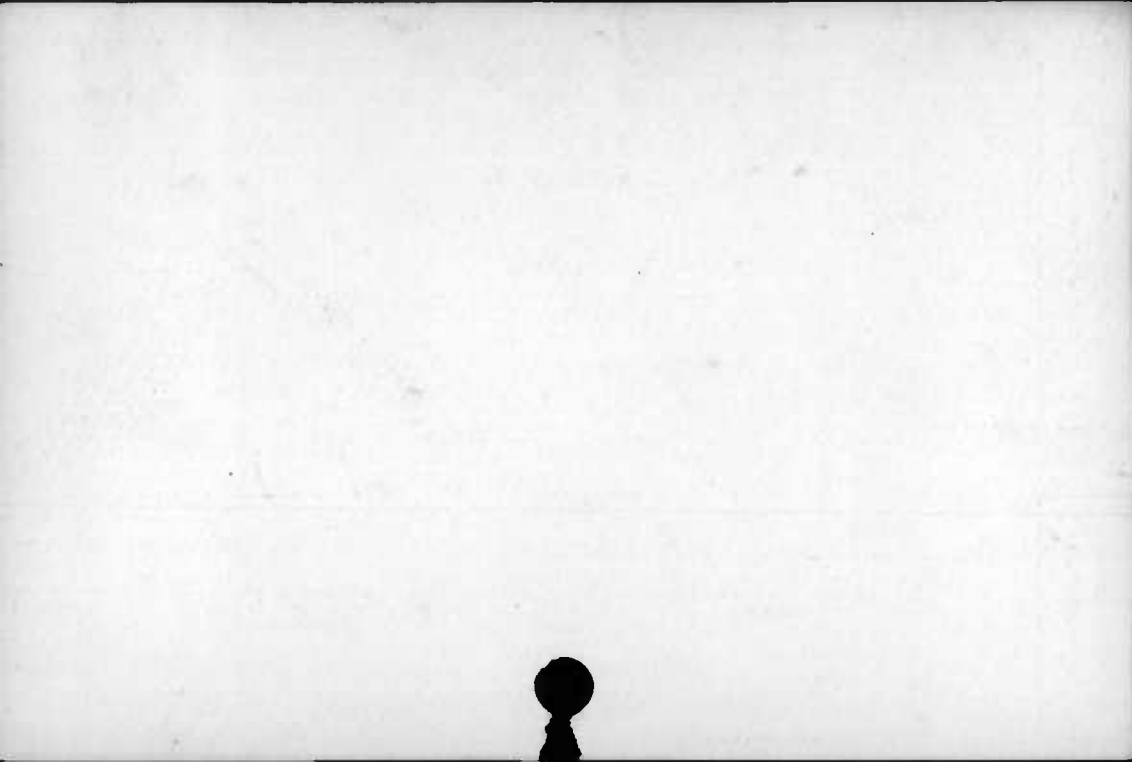
Name in Full Captain Wm. J. Demens.		Town Pomfret		County Charles		State MARYLAND	
Died at		Date of death		Age		Months Days	
Month May		Day 31		Years 82		Months —	
Sex Male		Color or Race White		Birth-place Charles			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband May J. Demens					
Father's Name Fendley Demens		Father's Birthplace Charles Co					
Mother's Maiden Name Not known		Mother's Birthplace Not known					
Name of person giving information Jerry Morris		How related to deceased No relation					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate Heart Failure	How long 3 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Henry B. Robinson
	Address Sub Roy LaPlatte
Accident or Suicide?	



Name
in
Full

George Thomas Harper

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Galveston Texas

Chances

Date

Month

Day

Year

Months

Days

of death

1907

May

27

Age

61

Sex

Male

Color or
Race

Caucasian

Birth-
place

Ind.

Occupation

Farm Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nettie Harper

Father's
Name

George Harper

Father's
Birthplace

Ind

Mother's
Maiden Name

Miss Cooper

Mother's
Birthplace

Ind

Name of person giving
In formation

Nettie Harper

How related
to deceased

wife

CAUSES OF DEATH

79

Primary

Organic Heart Disease &

How long

7 years

Immediate

Chronic Interstitial Nephritis

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

R. B. Goodrich,
Bryantown,
Ind.

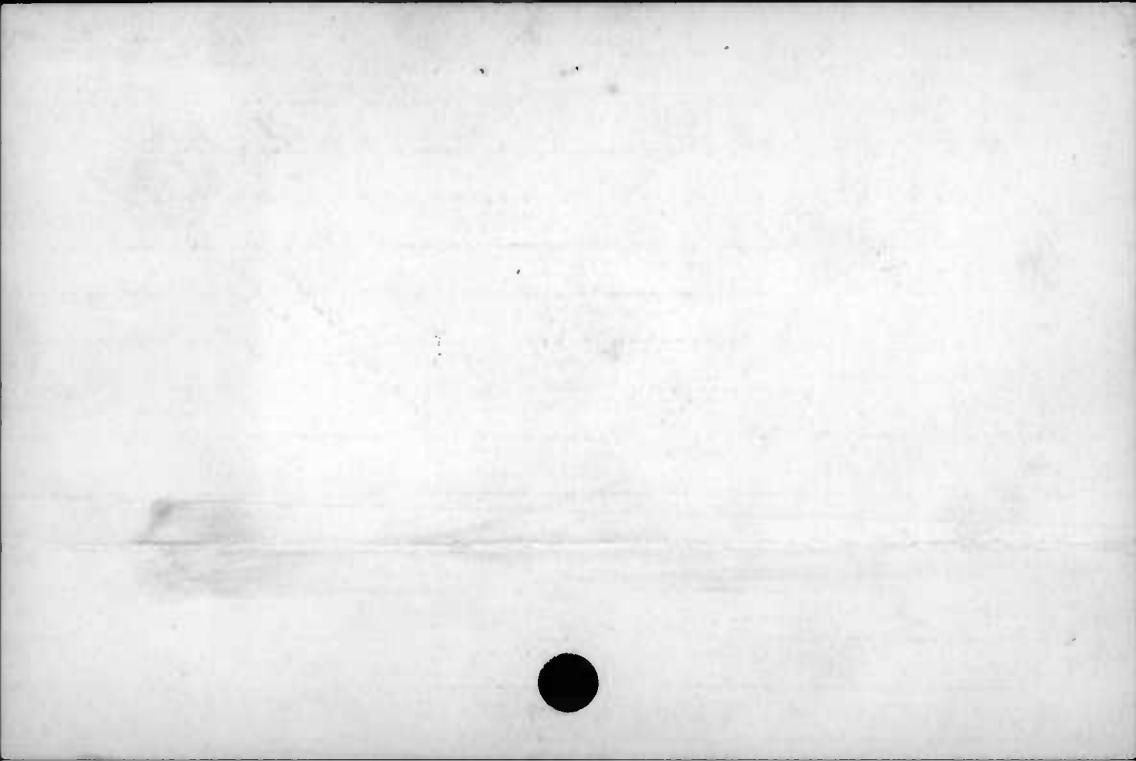
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Agnes Marguerite Higdon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Indian Head	County Charles		MARYLAND	
	Date of death	1907	Month May	Day 21	Years Age 24	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Thos Engstrom Higdon				Father's Birthplace	Charles
Mother's Maiden Name	Bessie Agnes Hammond				Mother's Birthplace	Washington D.C.	
Name of person giving information						How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">150</div>							
PHYSICIAN OR CORONER	Primary		Cyanosis venosorum				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. H. Gement Dub. Registrar		
			Address		Issue after consulting Dr. John H. Mitchell		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

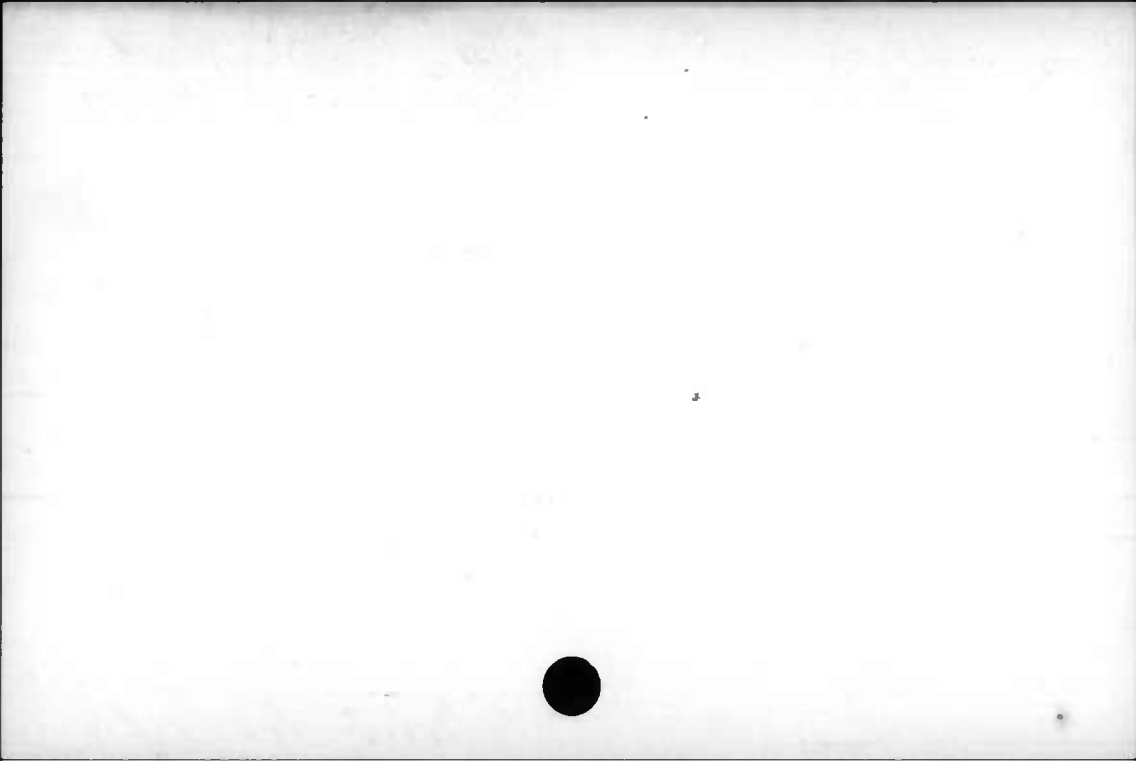
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomperoy</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>23</i>	Age <i>35</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joseph Hunt</i>		<i>—</i>		
Father's Name <i>James Lucas</i>		Father's Birthplace <i>Charles</i>			
Mother's Maiden Name <i>Mary Lucas</i>		Mother's Birthplace <i>Charles</i>			
Name of person giving Information <i>James Mc. Bloomin</i>		How related to deceased <i>No Relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	(27)	How long <i>3 years</i>
Immediate <i>4 hours</i>		How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Hugh Robinson</i>
		Address <i>Subway</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Emily Jackson

CERTIFICATE OF DEATH

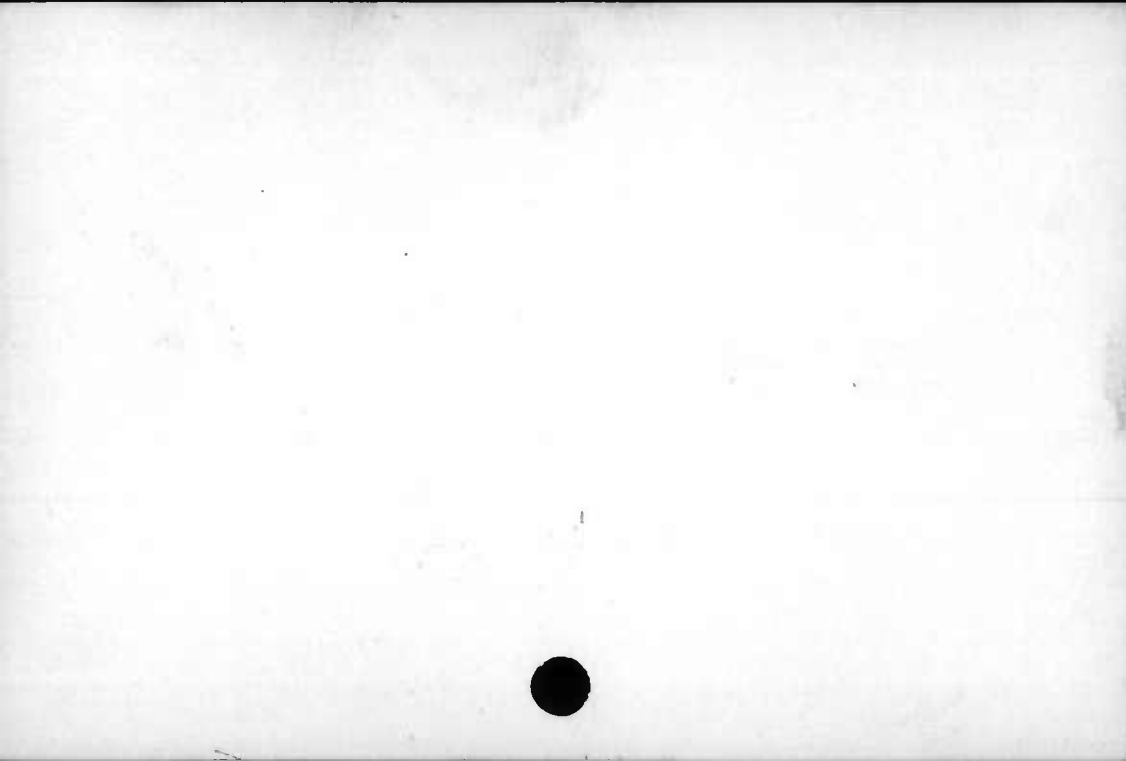
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irish Side</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>13</i>	Age <i>82</i>	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Irish</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Vernal Jackson</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>William Jackson</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	<i>154</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address <i>James M. Wheeler</i> <i>Sub Registrar</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

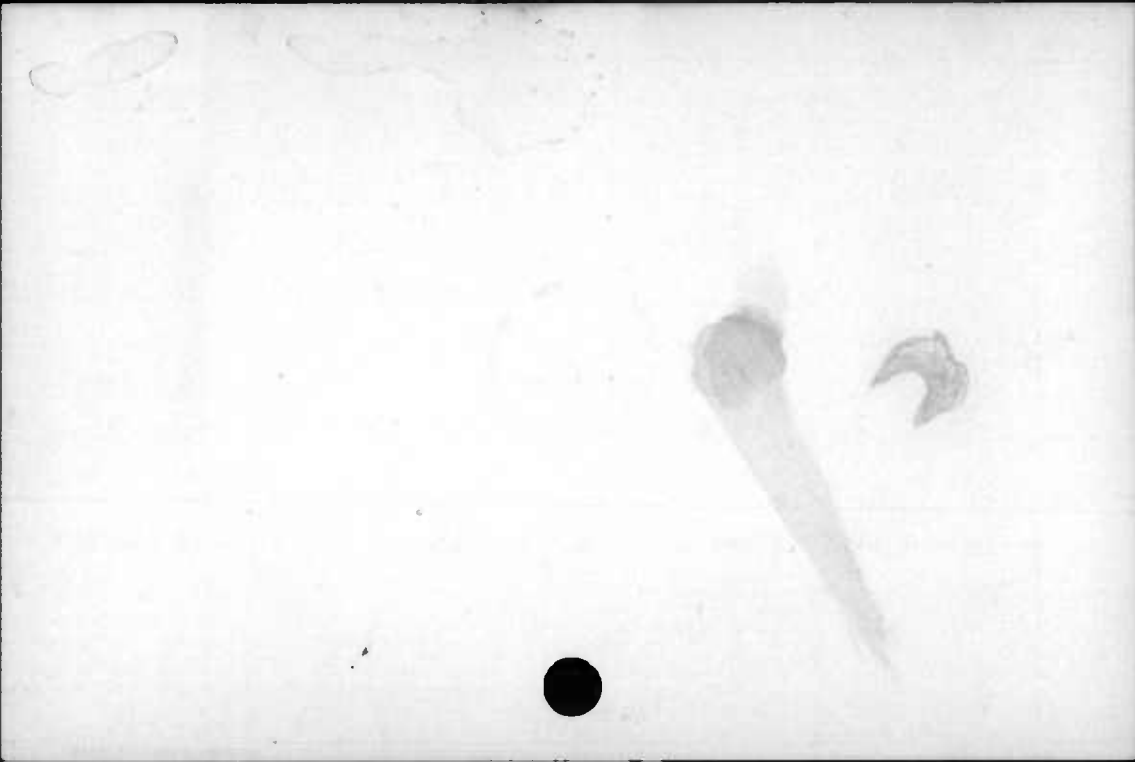
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rison</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>30</i>	Age <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>State of Virginia</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joseph Jackson</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hyman Johnson</i>	How related to deceased <i>Grand-Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>154</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>Geo. M. Carpenter, J.P.</i>
Accident or Suicide? <i>Natural death</i>	<i>Acting Coroner</i>



Name
in
Full

Washington Johnson

CERTIFICATE OF DEATH

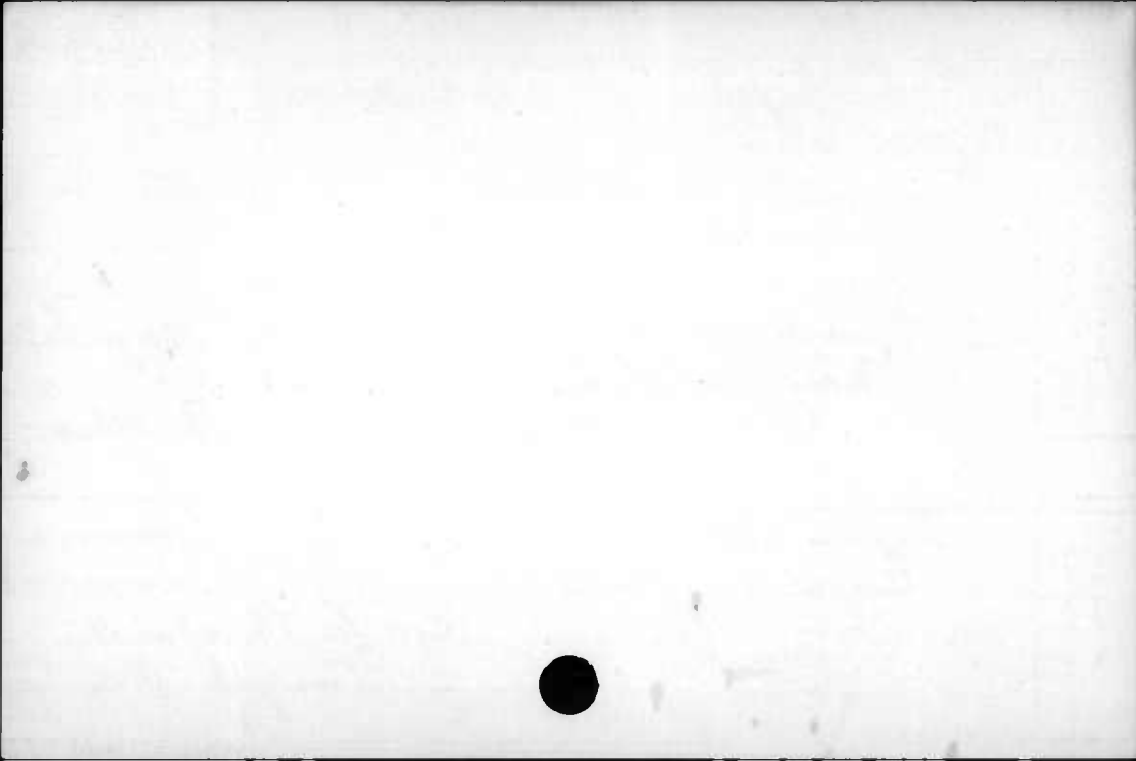
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grayton</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>29</i>	Age <i>68</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Black Smith</i>	Where Residing if not at place of death <i>Unknown</i>				
Married, Single or Widowed <i>(Separated)</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Chas Co. Ind</i>		
Mother's Maiden Name <i>Unknown</i>	How related to deceased <i>None</i>		Name of person giving information <i>Alexander Mackings</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralys</i>	How long <i>about 15 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>James M. Wheeler</i>
	<i>Sub Registrar</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Pisgah

County

Charlotte

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

May

16

Age

32

Sex

Female

Color or
Race

Colored

Birth-
place

Charlotte Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

William Jones

Father's
Name

George Hawkins

Father's
Birthplace

St Marys Co Md

Mother's
Maiden Name

Mary Middleton

Mother's
Birthplace

" "

Name of person giving
Information

Walter Hawkins

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pelvic Abscess

How long

7 mos.

Immediate

General Peritonitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. L. Bicknell,
Pisgah, Md.

Accident or Suicide?



Name
in
Full

Eliz. E. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

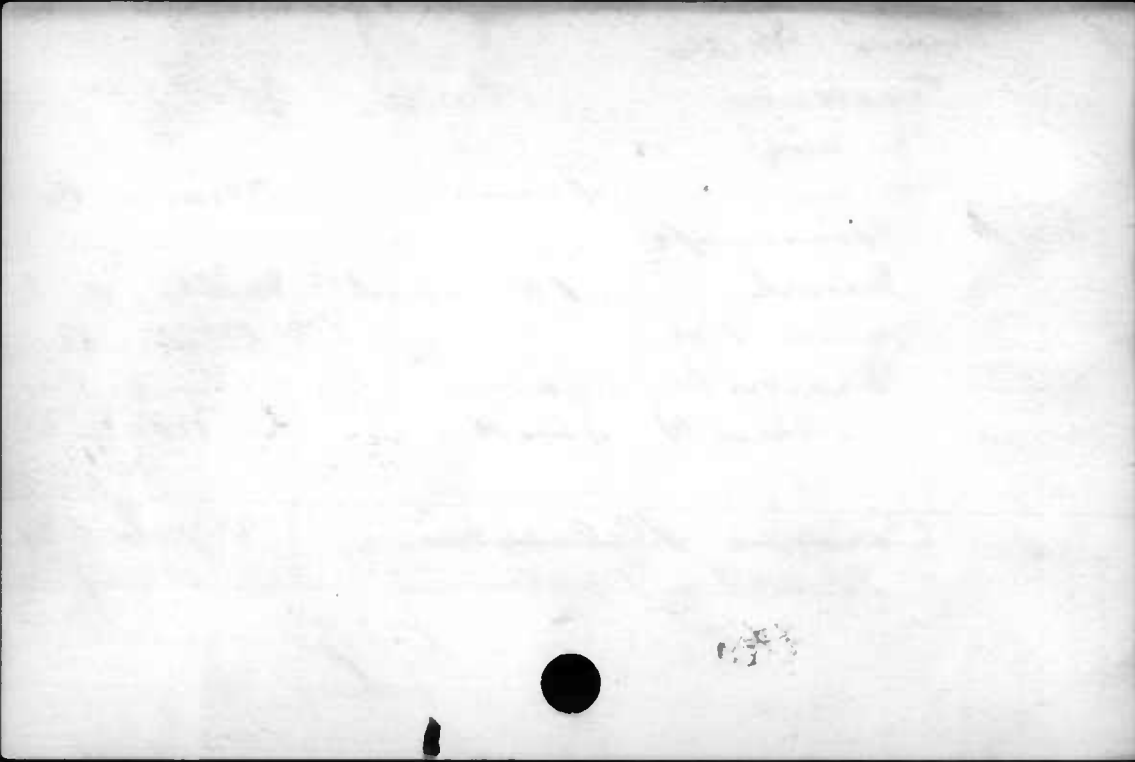
Died at <i>La Plasa</i>		Town <i>Charles</i>		County <i>Charles</i>	
Date of death	1907	Month	May	Day	29
Sex	Female	Color or Race	African	Years	49
Occupation	Housewife		Where Residing if not at place of death	Months	3
Married, Single or Widowed	Married	Name of Wife or Husband	John Albert Lee		
Father's Name	Henry Hawkins		Father's Birthplace	Charles Co	
Mother's Maiden Name	Not Known		Mother's Birthplace	Not Known	
Name of person giving information	John Lee		How related to deceased	Son	

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	<i>Articular Rheumatism</i>		How long	<i>2 years</i>
Immediate	<i>Endocarditis (Chronic)</i>		How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>Yes</i>		<i>[Signature]</i>	<i>Bel Air</i>	
Accident or Suicide?		<i>Not</i>		



Name
in
Full

Marie Mills

CERTIFICATE OF DEATH

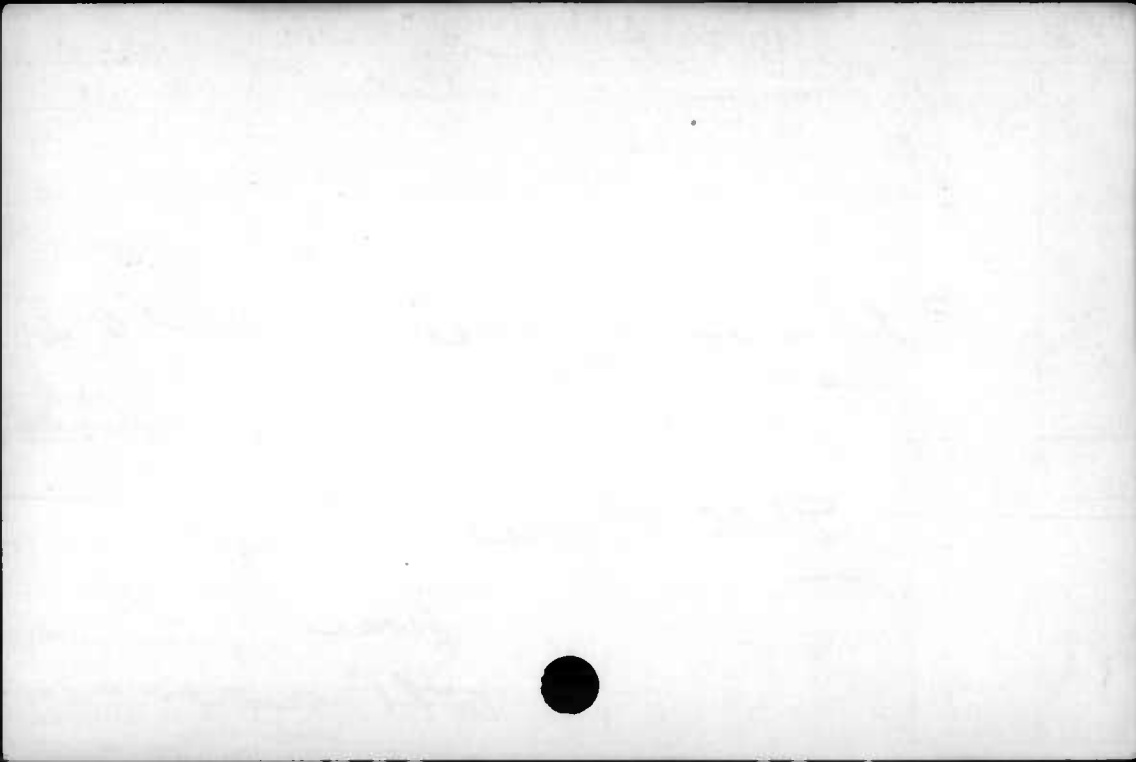
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Faerden</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>18</i>	Age	<i>27</i>
Sex	<i>Female</i>		Color or Race	<i>African</i>		Birth-place	<i>Charles Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Bernard Mills</i>				
Father's Name	<i>Henry Pye</i>					Father's Birthplace	<i>Charles Co</i>
Mother's Maiden Name	<i>Margaret Barker</i>					Mother's Birthplace	<i>Charles Co</i>
Name of person giving information	<i>Louis H. Smith</i>					How related to decedent	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Dehydration</i>	How long	<i>2 years 6 mo</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. J. Johnson</i>	
		Address	
		<i>Bel Air Md</i>	
Accident or Suicide?			



Name
in
Full

Monroe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Welcome</i>		Town		<i>Ches</i>		County		MARYLAND	
Date of death 1907	Month 5	Day 19	Age	Years	Months	Days			
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Welcome</i>						
Married, Single or Widowed	<i>Single</i>		Occupation <i>None</i>						
Name of Wife or Husband		<i>None</i>							
Father's Name		<i>James Monroe</i>			Father's Birthplace		<i>Ches E-4</i>		
Mother's Maiden Name		<i>Evelene Word</i>			Mother's Birthplace		<i>" "</i>		
Name of person giving Information		<i>James Monroe</i>			How related to deceased		<i>Father</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None</i>	
		Address <i>W F Mawner Sub Reg</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Joseph F. Montgomery

TO BE ANSWERED BY
NEAREST FRIEND

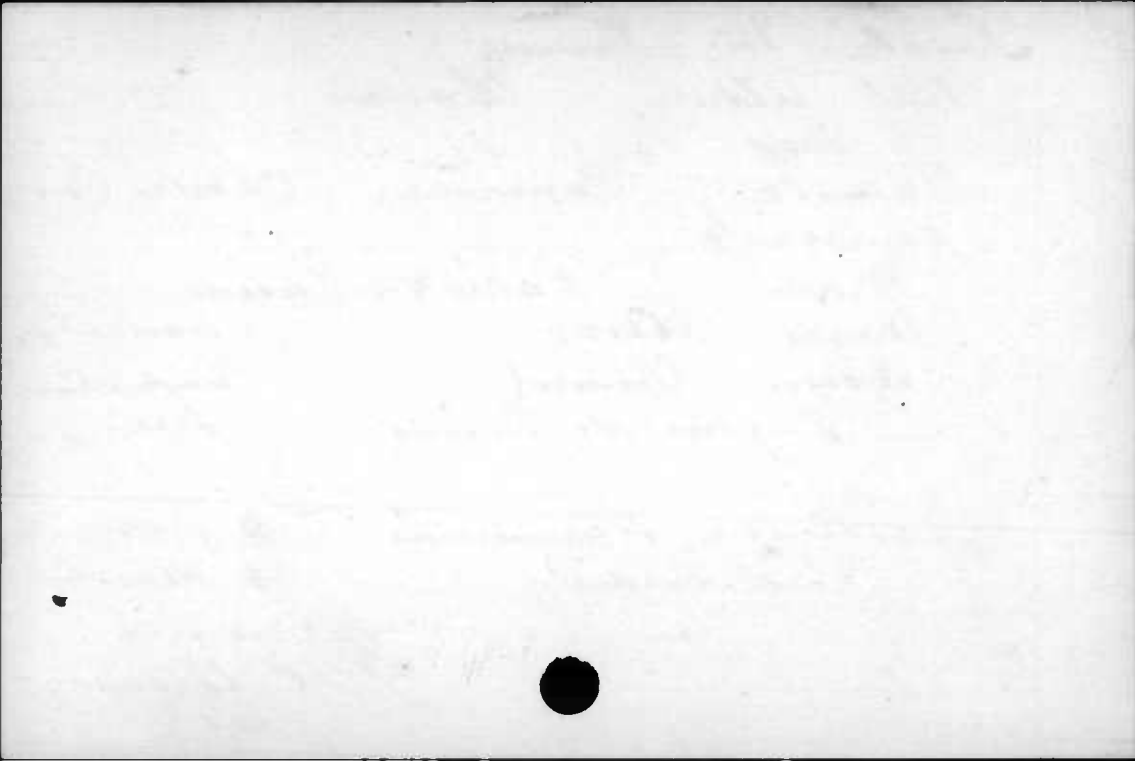
Died at <i>Bryantown</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>24</i> ^{Day}	Age <i>19</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Labour</i>	Where Residing if not at place of death <i>At Home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Frank Montgomery</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Thomas Jenkins</i>	Mother's Birthplace <i>Miss</i>				
Name of person giving information <i>Compton Acton</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Chancres</i>	How long <i>Short —</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. Sumner</i>
	Address <i>Waldorf Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Sarah M. Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bel Air ^{Town} Charles ^{County} MARYLAND

Date of death 1907 ^{Month} May ^{Day} 15 ^{Years} 51 ^{Months} — ^{Days} —

Sex Female Color or Race Caucasian Birth-place Charles Co.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Patrick Quinn

Father's Name James Oliver Father's Birthplace Charles Co.

Mother's Maiden Name Ann Howard Mother's Birthplace Charles Co.

Name of person giving information Eugene H. Quinn How related to deceased Son

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

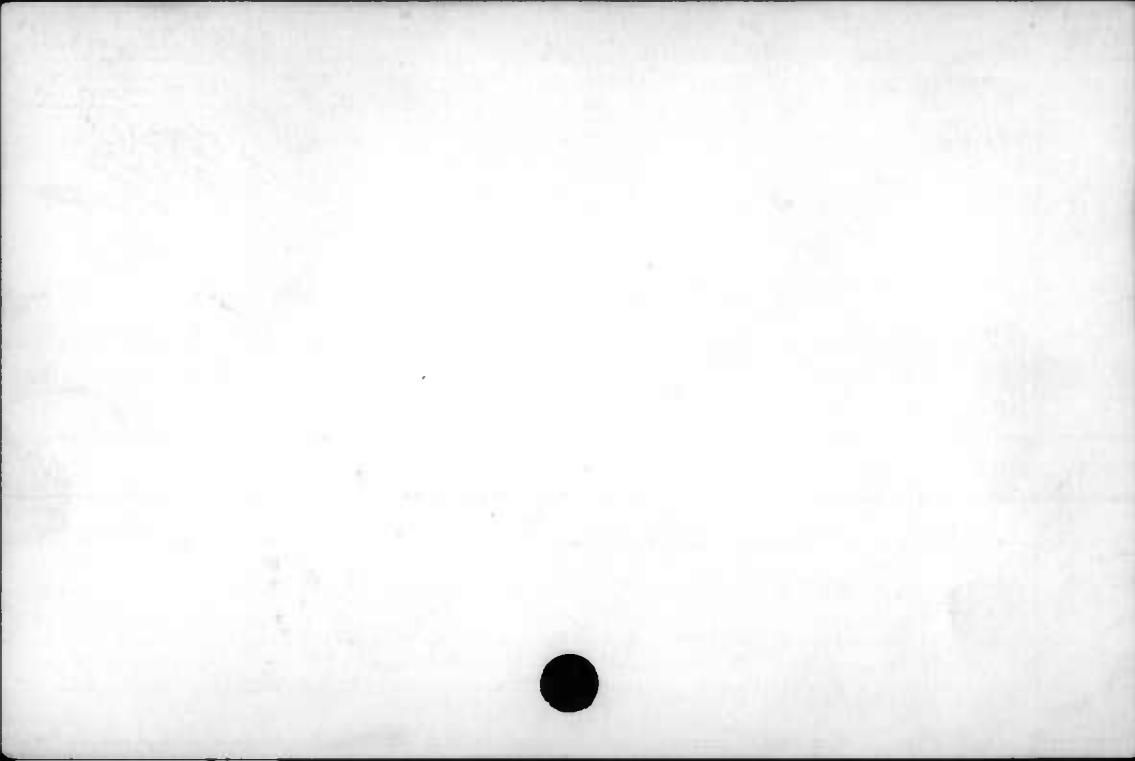
Primary Articular Rheumatism How long 3 years

Immediate Endocarditis How long 6 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. H. Quinn

Address Bel Air

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

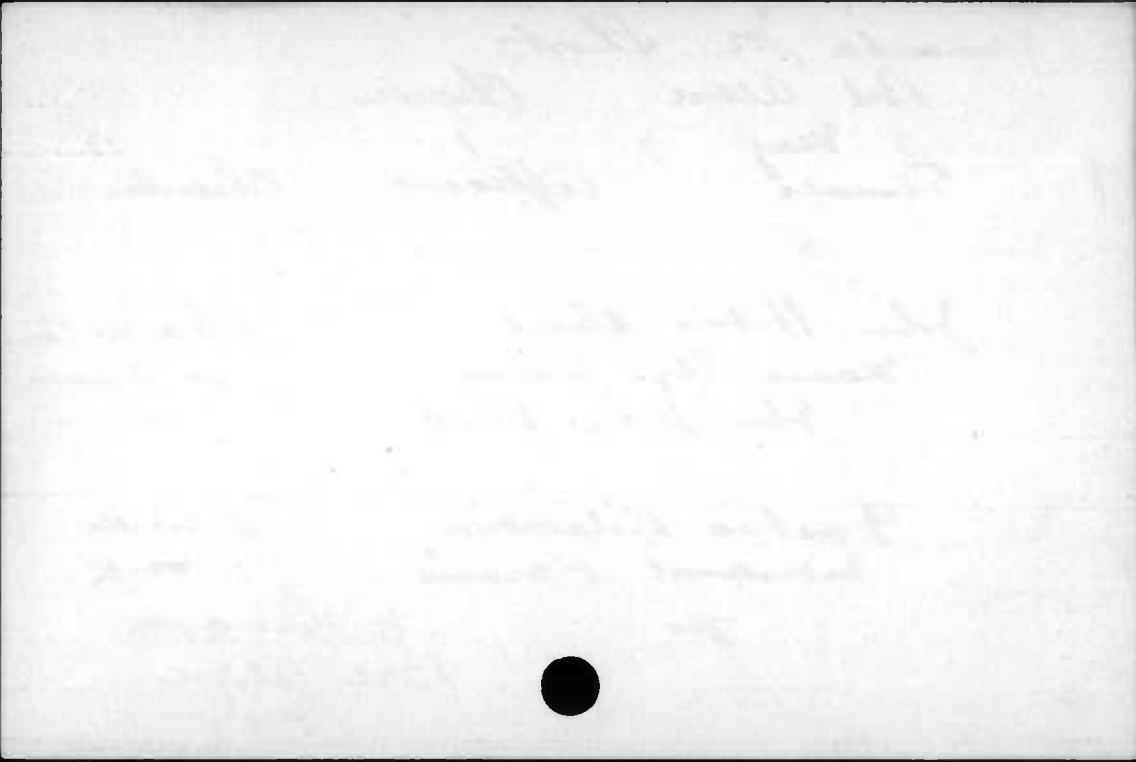
TO BE ANSWERED BY
NEAREST FRIEND

Alexander Rison		Town		County		MARYLAND	
Died at		Chronicles		Charles			
Date of death		1907	May	Day	30	Age	94
Sex		Male		Color or Race		American	
Occupation		Farmer		Birth-place		Charles Geo. Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Widowed		Name of Wife or Husband		Eliza S. Rison	
Father's Name		Peter Rison		Father's Birthplace		Charles Geo. Md.	
Mother's Maiden Name		Nancy Miletad		Mother's Birthplace		" " "	
Name of person giving information		Edmond Rison		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Apoplexy	How long	5 1/2 mo.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. B. Bicknell,	
Address		Piquette, Md.	
Accident or Suicide?			



Name
in
Full

Amanda J. Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

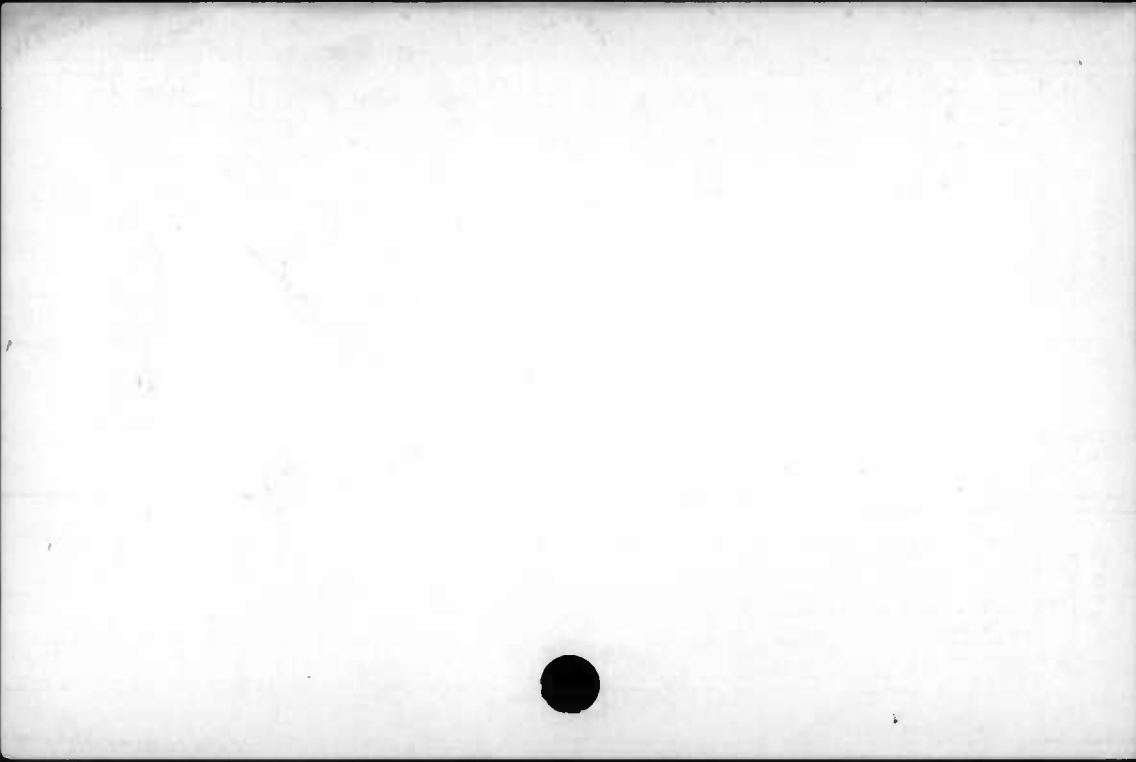
Died at <i>Bel Air</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>7</i>	Age <i>1</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Hester Short</i>			Father's Birth-place <i>Charles Co</i>		
Mother's Maiden Name <i>Minnie Elz. Henry</i>			Mother's Birth-place <i>Not Known</i>		
Name of person giving information <i>John Hester Short</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Gastric Dilatation</i>	How long	<i>3 weeks</i>
Immediate	<i>Intestinal Paralysis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. J. Hester</i>	
<i>Yes</i>		Address <i>Bel Air</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Frederick Slater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

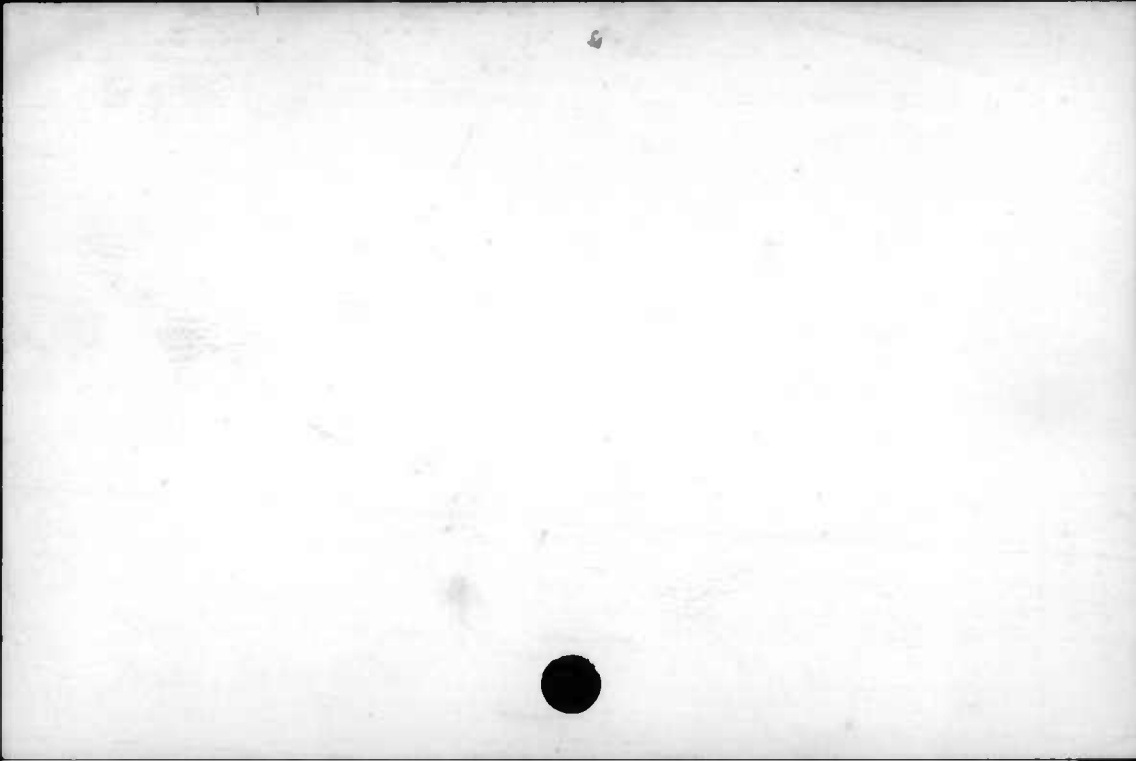
Died at <i>Pomunkey</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>2</i>	Age <i>73</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co. Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jane Harris</i>				
Father's Name <i>Frederick Slater</i>	Father's Birthplace <i>Charles Co. Md.</i>				
Mother's Maiden Name <i>Hellie Young</i>	Mother's Birthplace <i>Unkown</i>				
Name of person giving information <i>J. Thos. Slater</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>Three years</i>
Immediate <i>Uremia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Mitchell</i>
<i>Yes</i>	Address <i>Pomunkey Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

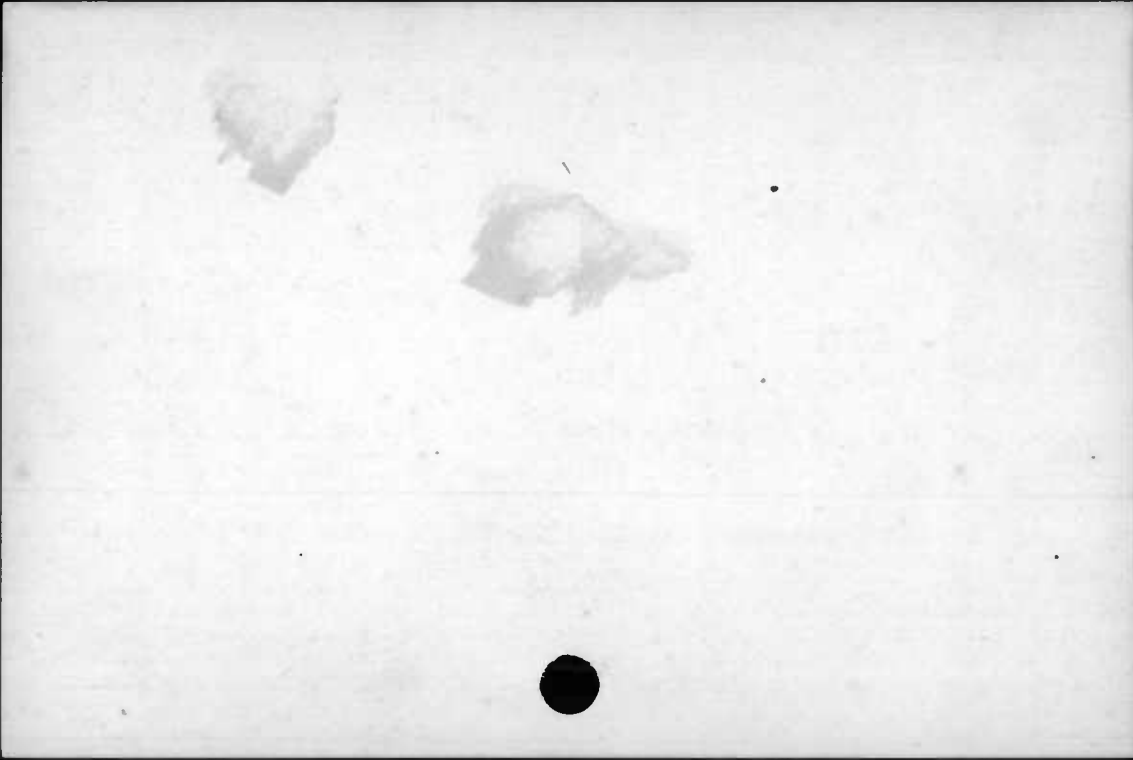
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		May	13				5
Sex	Male		Color or Race	White		Birth-place	Rison
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Burnae Southerland		Father's Birthplace		
Mother's Maiden Name			Nellie Thomas		Mother's Birthplace		
Name of person giving information			Burnae Southerland		How related to deceased		
					Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prematurity	How long	151
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. B. Bicknell	
Address		Pigaw, Md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

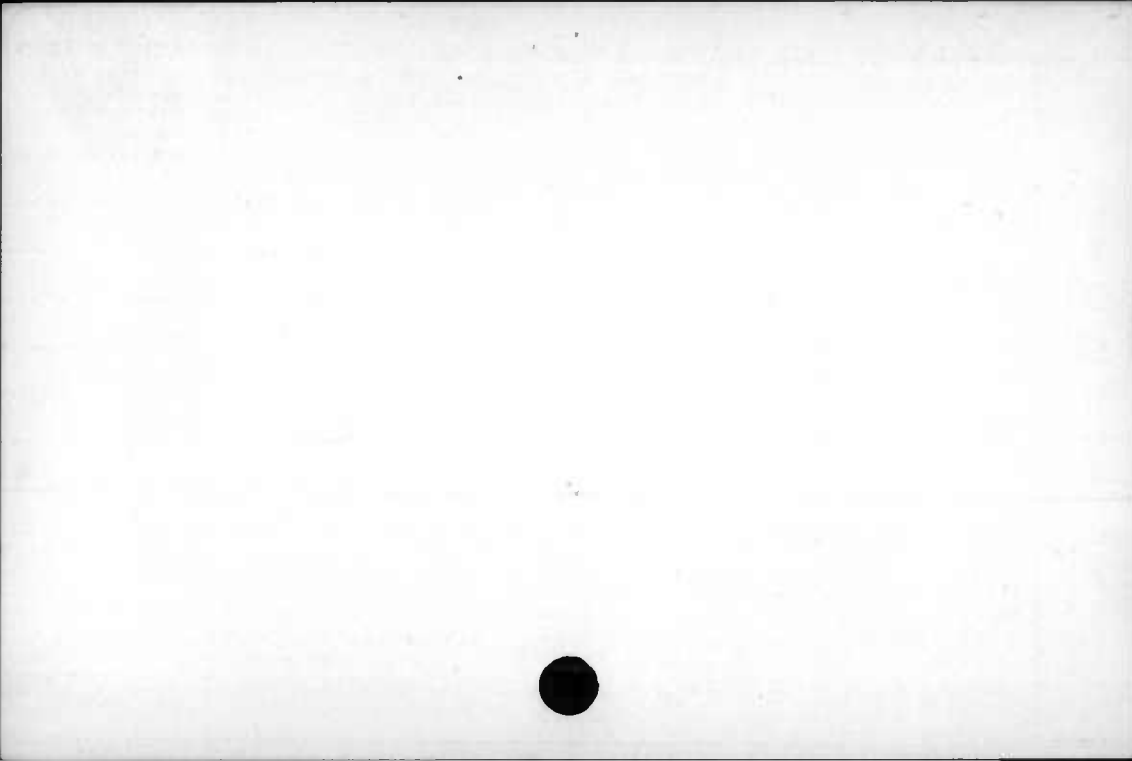
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River side</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>16</i>	Age	Years	Month	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Ind</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Obey TAYLOR</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Adell Carter</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Merley Carter</i>			How related to deceased <i>Grand Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>James M. Wheeler</i> <i>Dist. Registrar</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>La Plata</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND
	Date of death <i>1907</i> ^{Month} <i>5</i> ^{Day} <i>18</i> ^{Years} <i>72</i>		Age <i>72</i>		Months <i></i> Days <i></i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>
	Occupation <i>None</i>		Where Residing if not at place of death <i></i>		
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Madison Thomas</i>		
	Father's Name <i>Thephew Penn</i>		Father's Birthplace <i>md.</i>		
	Mother's Maiden Name <i>Elizabeth Penn</i>		Mother's Birthplace <i>md.</i>		
	Name of person giving information <i>J. H. Thomas</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>(Cancer) Mammary Sarcoma</i>		How long <i>Two years</i>		
	Immediate <i>Septicemia, Bacteremia</i>		How long <i>Three months</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. L. Harmon</i>		
	<i>Yes:</i>		Address <i>La Plata md.</i>		
Accident or Suicide? <i></i>					

43



Name
in
Full

W. H. Thompson

Thompson
Charles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Malcolm</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ans</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Eugene Thompson</i>		Father's Birthplace <i>Ans</i>			
Mother's Maiden Name <i>Lucy Powell</i>		Mother's Birthplace <i>Ans</i>			
Name of person giving information <i>Eugene Thompson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. O. Munson</i>
		Address <i>Waldorf</i>
		<i>Ans</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River Side</i>		<i>Charles</i>		TOWN		COUNTY	
Date of death <i>1907</i>		Month <i>May</i>	Day <i>26</i>	Age <i>3</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>James Washington</i>				Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Mary Francis Benson</i>				Mother's Birthplace <i>ind</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>James M. Wheeler</i>
	<i>Sub Registrar</i>
Accident or Suicide?	



Name
in
Full

Mary Francis's Washington

CERTIFICATE OF DEATH

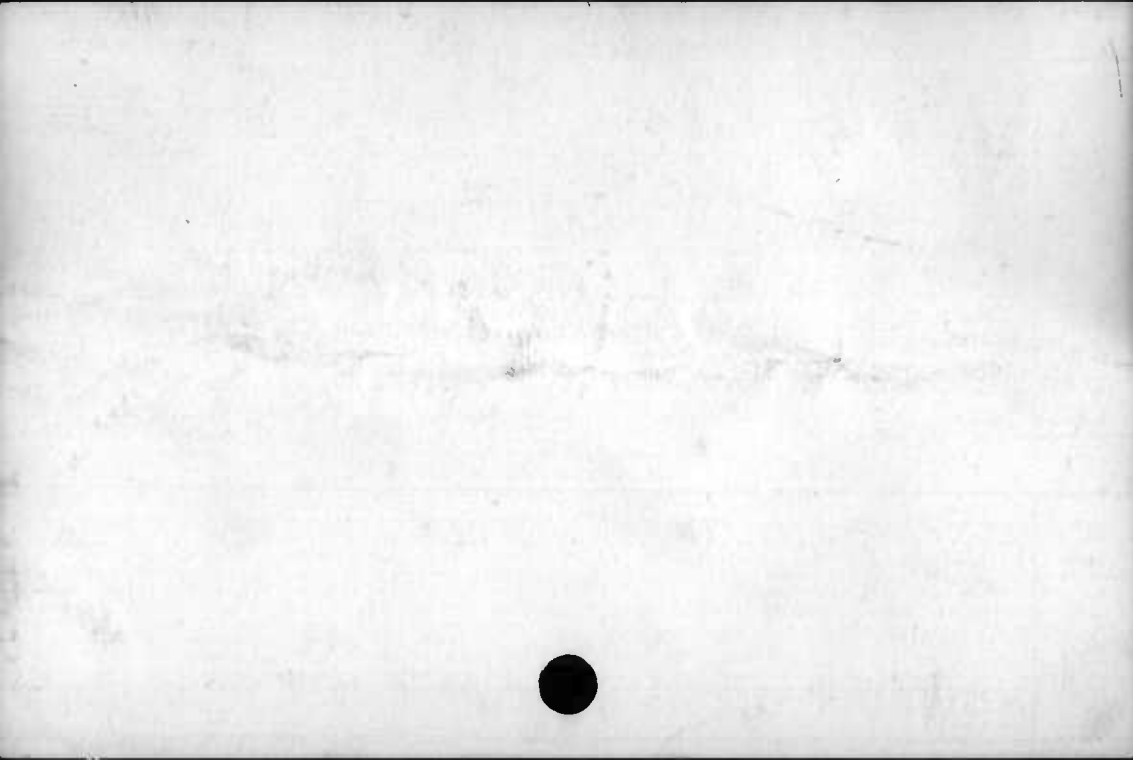
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Four Riversides</i>		^{County} <i>Charles</i>		MARYLAND	
Date of death	1907	Month	May	Day	8
Age	27	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	md
Occupation	House wife		Where Residing if not at place of death		
Married, Single ^{Widowed} <i>married</i>	Name of Wife ^{Husband} <i>James Washington</i>				
Father's Name	<i>Thomas Hoanson</i>		Father's Birthplace	md	
Mother's Maiden Name	<i>Jane Tolson</i>		Mother's Birthplace	md	
Name of person giving information	<i>Jas Washington</i>		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza Comp. with Nephritis</i>	How long	<i>5 months</i>
Immediate	<i>Chronic Bronchitis or rapid pulmonary condition</i>	How long	<i>more</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. H. Speake, M.D.</i>	
		Address	
Accident or Suicide?			



Name
in
Full

Engne Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ripley</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>May</i> ^{Day}	<i>16</i> ^{Age}	<i>35</i> ^{Years}	<i>—</i> ^{Months}
Sex: <i>Male</i>	Color or Race: <i>Colloid</i>		Birth-place: <i>Chas. Co. Md.</i>		
Occupation: <i>Laborer</i>			Where Residing if not at place of death: <i>—</i>		
Married, Single or Widowed: <i>Single</i>	Name of Wife or Husband: <i>none</i>				
Father's Name: <i>Leck Waters</i>	Father's Birthplace: <i>Chas. Co. Md.</i>				
Mother's Maiden Name: <i>Sarah F. Gray</i>	Mother's Birthplace: <i>Chas. Co. Md.</i>				
Name of person giving information: <i>James Waters</i>			How related to deceased: <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: <i>Syphilitic Complications</i>	How long: <i>About 5 Years</i>
Immediate: <i>Acute mitral Heart Failure</i>	How long: <i>About 6 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician: <i>Amel L. Harmon M.D.</i>
	Address: <i>Lo P. Lat.</i>
Accident or Suicide?	<i>Ind</i>

